

- ⑧ If you are not proficient in English, please indicate the language in which you prefer we communicate with you.

Spanish

- ⑨ If you have problems understanding this form or any other question, contact CRCL:

E-mail: crcl@dhs.gov

Phone: Local: 202-401-1474 or

Toll Free: 866-644-8360

TTY: Local TTY: 202-401-0470

Toll Free TTY: 866-644-8361

Fax: 202-401-4708

By U.S. Postal Service:

Department of Homeland Security

CRCL/Compliance Branch

245 Murray Lane, SW

Building 410, Mail Stop #0190

Washington, DC 20528

Note: Because of security measures, it can take up to 4 weeks for us to receive U.S. mail.

- ⑩ To submit this form by email, please save, attach, and send to crcl@dhs.gov. Please attach or send all information that supports your complaint, such as documents, photos, medical records, grievances, or witness statements.

Submit copies, not originals; put your name and the date of this complaint on each document. (Fax to: 202-401-4708, or email scans of your documents to crcl@dhs.gov, or mail to the address listed above.)

Keep a copy of this complaint for your records.

Privacy Act Statement

Under 5 U.S.C. § 345 and 42 U.S.C. § 2000ee-1, the Office for Civil Rights and Civil Liberties (CRCL) is authorized to investigate complaints and information from the public about possible violations of civil rights or civil liberties related to DHS employees, programs, or activities. A federal law, called the Privacy Act, says we must explain how we protect your information while processing your complaint.

If your complaint is more appropriately handled by a different federal office, we will refer it to that office. In order to investigate your complaint, CRCL will disclose the information regarding your complaint to other appropriate DHS offices, including the Office of the Inspector General. CRCL may also disclose certain information from your complaint if we are required by law to do so or if there is no privacy impact. For example, we send reports to Congress every three months about complaints submitted by the public. Those reports describe the **types** of complaints, and **do not include personal information**. To read our past reports, go to www.dhs.gov/crcl.

To learn more about the Privacy Act go to the Federal Information Center, www.pueblo.gsa.gov.

You may use the following pages to include additional information about your complaint if needed. Please specify which number(s) above you are continuing.

COMPLAINT AFFIDAVIT

My full and complete name is:

My assigned Alien number is:

I was detained by Border Patrol Agents at or near: Hidalgo, TX

I was detained by Border Patrol Agents on or about: February 20, 2014

My age at the time I was detained: 17 FINS #: (b)(6)

Event #: (b)(6)

Border Patrol Agent: _____ Supervisor: _____

Location of Border Patrol Agent: _____

I, (b)(6), declare and affirm that the following took place:

Immigration found me just past the river and took me to the nieleras. They asked me how old I was and I said I did not know, but I thought I was 18 years old. Since I told the officer I was 18, I was transferred to a center for adults in Texas. I was there for about one month. I went in front of a judge and received a deportation order. I was then transferred to Georgia for about two months to wait to be deported. The other prisoners mistreated me. They asked me how old I was and I told the truth; that I did not know. They would call me names, they would call me small (chapano). I am very short and the fact that they made comments about my size and my body made me very nervous. I thought that they could physically harm me if they wanted to. They would say I was dumb because I didn't know how old I was. I was very scared to talk to the adults, I stayed in my bed as much as I could to avoid talking to them and to stay away from them. They would get into physical and verbal fights inside our cell and it scared me a lot. The adults talked about very bad things like sex and drinking alcohol, I did not like it when they talked about these things, it made me feel very bad. While I was in Georgia my

brother contacted the consulate in Guatemala and got my birth certificate. It proved that I was only 17 years old. Once my birth certificate came in I was put in a cell by my self for two days before being transferred to Chicago.

I declare and affirm under penalty of perjury that the content of this declaration is true and correct to the best of my knowledge. **I authorize any agency or entity receiving this complaint or a copy of this complaint to release any and all information about this complaint or its investigation to the National Immigration Justice Center (NIJC).**

(b)(6)

Signature

05/27/2014

Date

I, (b)(6), hereby declare under penalty of perjury that I am competent in both English and Spanish, and have translated to the best of my abilities the foregoing affidavit from Spanish to English.

(b)(6)

Signature

05/27/2014

Date

COMPLAINT INFORMATION

1. Information about the person who experienced the civil rights/civil liberties violation

Name:

(b)(6)

Date of Birth:

(b)(6)

Alien Registration #:

(b)(6)

Please contact me through the organization filing this complaint on my behalf. Esperanza Immigrant Rights Project has my current contact information and can facilitate any necessary follow-up.

2. Information about the person filling in this complaint on behalf of the complainant

Name:

(b)(6)

Program Director

First

Last

Job title

Organization: Esperanza Immigrant Rights Project

Phone #: Work: (213) 251-3535

Mailing address: 1530 James M. Wood Blvd., Los Angeles, CA 90015

3. What happened?

(b)(6)

(b)(6)

was held for more than 72 hours in three detention centers. The water that immigration officials gave him to drink tasted like chlorine. The food he was fed made him sick, but he was not given any medical treatment. His holding cell was very cold and the lights were kept on all night, so he could not sleep. Officials at the second and third centers in which he was kept did not allow him to use the telephone to contact his parents or the consulate.

4. Who treated you unfairly? Customs and Border Protection

5. Have you contacted any other DHS component or other federal, state, or local government agency or court about this complaint? No

EXHIBIT

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Catholic
Charities
of Los Angeles, Inc.

WAIVER OF ANONYMITY FOR CRCL/OIG COMPLAINT

Date: 5/12/14

Name: (b)(6)
DOB: (b)(6)

A#: (b)(6)

I authorize the Esperanza Immigrant Rights Project or any of its duly authorized representatives to use my personal story and identifying information in their filing of a group CRCL/OIG complaint against ICE/CBP.

I understand that the filing of the complaint does not initiate representation for immigration purposes. An attorney from Esperanza will not accompany me to court unless I have an independent representation agreement with Esperanza. My participation is voluntary and willing and does not guarantee a specific outcome for immigration purposes.

I understand that this consent expires one year from the date of my signing and I may withdraw my consent at any time.

BY SIGNING THIS AGREEMENT, I INDICATE MY UNDERSTANDING AND AGREEMENT WITH ITS ENTIRE CONTENTS.

IF I DO NOT READ AND UNDERSTAND ENGLISH, THIS AGREEMENT HAS BEEN READ TO ME IN THE Spanish LANGUAGE BY (b)(6) (print name) AND I UNDERSTAND AND AGREE WITH ITS ENTIRE CONTENTS.

X (b)(6)
Signature

X 5/12/14
Date

COMPLAINT INFORMATION

1. Information about the person who experienced the civil rights/civil liberties violation

Name: (b)(6)

Date of Birth: (b)(6)

Alien Registration #: (b)(6)

Please contact me through the organization filing this complaint on my behalf. Esperanza Immigrant Rights Project has my current contact information and can facilitate any necessary follow-up.

2. Information about the person filling in this complaint on behalf of the complainant

Name: (b)(6) Program Director
First Last Job title

Organization: Esperanza Immigrant Rights Project

Phone #: Work: (213) 251-3535

Mailing address: 1530 James M. Wood Blvd., Los Angeles, CA 90015

3. What happened?

(b)(6)

(b)(6) was held for five days in more than one detention center. He was only given juice to drink and no water. The holding cell was extremely cold. The lights were kept on all night, so he could not sleep.

4. Who treated you unfairly? Customs and Border Protection

5. Have you contacted any other DHS component or other federal, state, or local government agency or court about this complaint? No





Catholic
Charities
of Los Angeles, Inc.

WAIVER OF ANONYMITY FOR CRCL/OIG COMPLAINT

Date: 5-12-14

Name:

DOB:

(b)(6)

I authorize the Esperanza Immigrant Rights Project or any of its duly authorized representatives to use my personal story and identifying information in their filing of a group CRCL/OIG complaint against ICE/CBP.

I understand that the filing of the complaint does not initiate representation for immigration purposes. An attorney from Esperanza will not accompany me to court unless I have an independent representation agreement with Esperanza. My participation is voluntary and willing and does not guarantee a specific outcome for immigration purposes.

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IF I DO NOT READ AND UNDERSTAND ENGLISH, THIS AGREEMENT HAS BEEN READ TO ME IN THE Spanish LANGUAGE BY (b)(6) (print name) AND I UNDERSTAND AND AGREE WITH ITS ENTIRE CONTENTS.

(b)(6)

Signature

5/12/14

Date

COMPLAINT INFORMATION

1. Information about the person who experienced the civil rights/civil liberties violation

Name:

(b)(6)

Date of Birth:

(b)(6)

Alien Registration #:

(b)(6)

Please contact me through the organization filing this complaint on my behalf. Esperanza Immigrant Rights Project has my current contact information and can facilitate any necessary follow-up.

2. Information about the person filling in this complaint on behalf of the complainant

Name:

(b)(6)

Program Director

First

Last

Job title

Organization: Esperanza Immigrant Rights Project

Phone #: Work: (213) 251-3535

Mailing address: 1530 James M. Wood Blvd., Los Angeles, CA 90015

3. What happened?

(b)(6)

(b)(6)

was in CBP custody for a total of five days. The only food provided was cold soup that he had to eat with his hands, which made him ill. He was also forced to sleep in a very cold cell, where he had trouble sleeping due to lights that were kept on throughout the night. (b)(6) was permitted to use a public restroom, but was not supplied with any personal hygiene items. (b)(6) was permitted to bathe, but was put in handcuffs in order to do so.

4. Who treated you unfairly? Customs and Border Protection

5. Have you contacted any other DHS component or other federal, state, or local government agency or court about this complaint? No

EXHIBIT

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Catholic
Charities
of Los Angeles, Inc.

WAIVER OF ANONYMITY FOR CRCL/OIG COMPLAINT

Date: 5-22-14

Name:
DOB:

(b)(6)

A#:

(b)(6)

I authorize the Esperanza Immigrant Rights Project or any of its duly authorized representatives to use my personal story and identifying information in their filing of a group CRCL/OIG complaint against ICE/CBP.

I understand that the filing of the complaint does not initiate representation for immigration purposes. An attorney from Esperanza will not accompany me to court unless I have an independent representation agreement with Esperanza. My participation is voluntary and willing and does not guarantee a specific outcome for immigration purposes.

I understand that this consent expires one year from the date of my signing and I may withdraw my consent at any time.

BY SIGNING THIS AGREEMENT, I INDICATE MY UNDERSTANDING AND AGREEMENT WITH ITS ENTIRE CONTENTS.

IF I DO NOT READ AND UNDERSTAND ENGLISH, THIS AGREEMENT HAS BEEN READ TO ME IN THE Spanish LANGUAGE BY (b)(6) (print name) AND I UNDERSTAND AND AGREE WITH ITS ENTIRE CONTENTS.

(b)(6)

Signature

Date

5-22-14



Department of Homeland Security (DHS)
Office for Civil Rights and Civil Liberties

Civil Rights Complaint

Fillable Version (last modified 3/15/2011)

The purpose of this form is to assist you in filing a civil rights/civil liberties complaint with the Department of Homeland Security (DHS) Office for Civil Rights and Civil Liberties (CRCL) regarding DHS programs and activities. This form is not intended to be used for complaints about employment with DHS. You are not required to use this form to file a complaint; a letter with the same information is sufficient. However, if you file a complaint by letter, you should include the same information that is requested in the form.

CRCL Mission:

The DHS Office for Civil Rights and Civil Liberties (CRCL) supports the Department as it secures the nation while preserving individual liberty, fairness, and equality under the law. We investigate claims of civil rights and civil liberties abuses, to help DHS improve protections and programs.

Do you have a DHS civil rights or civil liberties complaint? If you believe that DHS personnel or a DHS program or activity has violated your rights, we want to hear from you. Fill out this form, or write us an email or letter.

In connection with a DHS program, activity, or policy, have you experienced:

- Discrimination based on your race, ethnicity, national origin (including language proficiency), religion, gender, or disability? (Note: do not use this form to make a complaint about employment discrimination; see www.dhs.gov/eeo.)
- Denial of meaningful access to DHS or DHS-supported programs, activities, or services due to limited English proficiency?
- Violation of your rights while in immigration detention or as a subject of immigration enforcement?
- Discrimination or inappropriate questioning related to entry into the United States?
- Violation of your right to due process, such as your right to timely notice of charges or access to your lawyer?
- Violation of the Violence Against Women Act's confidentiality requirements?
- Physical abuse or any other type of abuse inflicted upon you?
- Any other civil rights or civil liberties violation related to a DHS program or activity?

Notes on Confidentiality and Anonymity:

- A) You may remain anonymous by not filling in your name, below. However, CRCL may not be able to investigate your complaint unless you provide enough information to conduct an investigation.
- B) Disclosure of the information you provide, including your identity, is on a "need-to-know" basis, and is discussed in the Privacy Statement at the end of this document. IF YOU CHECK THE BOX BELOW, WE WILL NOT DISCLOSE YOUR IDENTITY TO OTHER OFFICES, IN OR OUT OF DHS (unless it is necessary for investigation of criminal misconduct). Note, however, that this will in many situations make it very difficult or impossible, practically speaking, for us to investigate the allegations you raise.
- ☐ I do NOT want CRCL to disclose my name to other offices, and understand this decision will often make it impossible for an investigation to take place.
- C) Retaliation against complainants to CRCL is unlawful; if you feel you have been a victim of reprisal, CALL US. 1-866-644-8360.



Complaint Information

If you don't speak/write English, CRCL has access to interpreters and can talk to you in any language.

① **Information about the person who experienced the civil rights/civil liberties violation**
(fill in what you can)

Name: (b)(6)

First and Middle

Last

Phone #: Cell: see attorney info below Home: _____ Work: _____

Please note that we may contact you at the provided numbers.

Mailing Address: c/o National Immigrant Justice Center, 208 S. LaSalle St, Ste 1300, Chicago, IL 60604

PO Box or Street address

City

State

Zip

Date of Birth: _____ Email (optional): see attorney info below

Alien Registration #: (if you have one and it's available): (b)(6)

☒ Check here if you are in detention now.

Which facility? c/o ORR Custody, 4822 N Broadway, Chicago, IL 60640

Facility name

Facility address

☒ Check here if you are represented by an attorney in this matter. If so please provide the attorney's name and contact information (b)(6) (see above)

② **Are you filling in this complaint form on behalf of another individual?** If yes, please provide your information.

Name: (b)(6) Associate Director of Litigation

First

Last

Job title

Organization (if any): National Immigrant Justice Center

Phone #: Cell: _____ Home: _____ Work: (312) 660-1308

Mailing Address: National Immigrant Justice Center, 208 S. LaSalle St, Ste 1300, Chicago, IL 60604

PO Box or Street address

City

State

Zip

③ **What happened?** Describe your complaint. Give as much detail about your experience as possible.
See attached.

Continue on an additional page, if needed.

When did this happen? If ongoing, please indicate when the problem began.

(If it happened on more than one date, list all dates):

See attached.

Where did this happen?

Place (for example, name the detention facility, airport, other): _____

City: near Hidalgo _____ State or Country: Texas _____

④ Who treated you unfairly?

An employee, contractor, or officer of (check as many as apply):

- | | |
|--|---|
| <input type="checkbox"/> Citizenship and Immigration Services (USCIS) | <input type="checkbox"/> Not sure which DHS office |
| <input checked="" type="checkbox"/> Customs and Border Protection (CBP)* | <input type="checkbox"/> Non-DHS employee working under the authority of DHS (e.g., 287g officer) |
| <input type="checkbox"/> Customs Officer | specify: _____ |
| <input checked="" type="checkbox"/> Border Patrol Agent | |
| <input type="checkbox"/> Federal Emergency Management Agency (FEMA) | |
| <input type="checkbox"/> Immigration and Customs Enforcement (ICE) | |
| <input type="checkbox"/> Secret Service (USSS) | |
| <input type="checkbox"/> Transportation Security Administration (TSA)* | |
| <input type="checkbox"/> U.S. Coast Guard (USCG) | |
| <input type="checkbox"/> Other DHS program (specify) : | |

*If your complaint is about an incident at an airport, train station, or border crossing, you may also file a complaint with the Department of Homeland Security's Traveler Redress Inquiry Program (TRIP). TRIP and this Office will review your complaint together, resulting in a faster response. Go to: www.dhs.gov/trip.

⑤ List anyone else who may have seen or heard what happened.

(If you do not know their names, provide whatever details you can)

Names (or other information, e.g., agency): Officer (b)(6), (b)(7) near Hidalgo, Texas _____

Mailing Address: _____
PO Box or Street address City State or Country Zip

Phone No.: _____ Email: _____

Names (or other information, e.g., agency): _____

Mailing Address: _____
PO Box or Street address City State or Country Zip

Phone No.: _____ Email: _____

Continue on an additional page, if needed.

- ⑥ Have you contacted any other DHS component or other federal, state, or local government agency or court about this complaint?

☐ Yes: Agency/Office/Court _____ Date: _____

☒ No

If so, has anyone responded to your complaint?

☐ Yes ☐ No

If Yes, describe what has been done to respond to your complaint:

N/A

Continue on an additional page, if needed.

- ⑦ Is there any other information you want us to know about or consider?

Continue on an additional page, if needed.

- ⑧ If you are not proficient in English, please indicate the language in which you prefer we communicate with you.

Spanish

- ⑨ If you have problems understanding this form or any other question, contact CRCL:

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Toll Free: 866-644-8360

TTY: Local TTY: 202-401-0470

Toll Free TTY: 866-644-8361

Fax: 202-401-4708

By U.S. Postal Service:

Department of Homeland Security

CRCL/Compliance Branch

245 Murray Lane, SW

Building 410, Mail Stop #0190

Washington, DC 20528

Note: Because of security measures, it can take up to 4 weeks for us to receive U.S. mail.

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To learn more about the Privacy Act go to the Federal Information Center, www.pueblo.gsa.gov.

You may use the following pages to include additional information about your complaint if needed. Please specify which number(s) above you are continuing.

COMPLAINT AFFIDAVIT

My full and complete name is:

My assigned Alien number is:

I was detained by Border Patrol Agents at or near: Hidalgo, Texas

I was detained by Border Patrol Agents on or about: May 3, 2014

My age at the time I was detained: 16 y/o FINS #:

Event #:

Border Patrol Agent:

Supervisor:

Location of Border Patrol Agent: unknown

I, (b)(6) declare and affirm that the following took place:

I was detained at the border near Hidalgo, Texas on May 3, 2014. I traveled with my two-year-old son. The first CBP officer I saw right after I crossed the border asked me if I had eaten, if I had drank water and checked my skin. I was transferred to a police station where I called my dad. I was then transferred to another hielera with my son. I shared the space with other immigrants, about four immigrants were also minors, and the rest were adults. We were about 30 immigrants in a cell. At around 1:00 a.m., my son and I were fed a sandwich with bolo and an apple juice. It got really cold and none of us were provided a blanket. On the third day, I noticed my son had a cold and a fever. I was scared to let immigration know about this because I had seen how the agents screamed at other immigrants whenever we asked for anything. I felt my son getting warmer and I told an officer my son was sick and I needed help from a doctor. An officer looked at my son and said my son didn't look sick but he would ask someone else about it.

Another officer came to see us and said he could only call a doctor or take us to the hospital if my son was very sick. I tried to say something but the officer shut the door and left. I asked another officer for a wet towel and I was able to lower my son's fever. On the same day, an officer asked me where my birth certificate was. I told him I had already given it to him, and used the term "partida". The officer said he did not know what the hell I was talking about and if I meant "una partida de cebolla" (half an onion). The officer then said the birth certificate I had given him was not even valid because my picture / photo was not attached. I told him that birth certificates from Honduras do not include a photo. The officer then said I was a liar, a stupid girl and worthless. He said I lied about my age because sixteen-year-old girls do not have sons who are older than one.

I declare and affirm under penalty of perjury that the content of this declaration is true and correct to the best of my knowledge. **I authorize any agency or entity receiving this complaint or a copy of this complaint to release any and all information about this complaint or its investigation to the National Immigration Justice Center (NIJC).**

(b)(6)

Signature

05/16/2014

Date

I, (b)(6), hereby declare under penalty of perjury that I am competent in both English and Spanish, and have translated to the best of my abilities the foregoing affidavit from Spanish to English.

(b)(6)

Signature

05/16/2014

Date



Americans for Immigrant Justice

Formerly Florida Immigrant Advocacy Center (FIAC)

Via Priority Mail

December 13, 2013

The Honorable Rand Beers
Acting Secretary of Homeland Security
Washington, D.C. 20528

Re: Abuse of Severely Developmentally Disabled Minor in CBP/ICE Custody

Dear Acting Secretary Beers:

Americans for Immigrant Justice (AI Justice), a 501(c)(3) nonprofit law firm, on behalf of our minor client (b)(6) write to express our grave concern about the neglect and mistreatment of (b)(6) while in the custody of U.S. Customs and Border Protection (CBP) and Immigration and Customs Enforcement (ICE) and to ask that the Department of Homeland Security (DHS) initiate an immediate, special investigation into this matter. In light of the extraordinarily egregious circumstances of this case we ask that this matter not be simply referred to CPB or ICE, but instead that the investigation be directed from the secretariat level.

On July 31, 2013, (b)(6) then seven years old, and his paternal aunt were taken into custody by CBP at or near Rio Grande City, Texas. (b)(6) remained in CBP/ICE custody until August 5, 2013, at which time CBP transferred him to the custody of staff from the Office of Refugee Resettlement's Unaccompanied Alien Children Program at His House Children's Home in Miami, Florida. (b)(6) aunt was quickly removed.

Upon arriving by plane in Miami, Florida, (b)(6) had to be immediately hospitalized at Miami Children's Hospital (Children's Hospital). He underwent surgery and remained hospitalized for forty-two days. His treating physicians and therapists diagnosed (b)(6) as suffering from a "global developmental delay," "autism disorder," and "severe malnutrition." His examination revealed that at seven years of age he weighed only twenty-five pounds, the average weight of a eleven-month old child. His evaluation also determined that:

1 (A# (b)(6)

A non-profit organization dedicated to protecting and promoting the basic human rights of immigrants.

Headquarters: 3000 Biscayne Blvd., Suite 400 Miami, Florida 33137 tel: 305.573.1106 fax: 305.576.6273
Washington, D.C. Office: 1300 L Street, N.W., Suite 1100 Washington, D.C. 20005 tel: 202.824.8686 fax: 202.824.0702
www.aijustice.org

EXHIBIT

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Feeding development is at an age range of 3-6 months with emerging skills of 6-9 months. (b)(6) is able to swallow pureed food and use his tongue to move pureed food in his mouth. (b)(6) drools and is able to bring his hands to his mouth. He is able to hold his bottle without assistance, but is unable to feed himself a cracker . . . (b)(6) must have his pampers changed every two hours as he is incontinent of bowel and bladder and has bowel movements almost every two hours. . . . During majority of the evaluation (b)(6) made spit bubbles and tapped his fingers on his lips. He was quiet, withdrawn, and had minimal to no eye contact.²

Upon learning of (b)(6) case and his condition when turned over to His House from CBP, we requested (b)(6) medical and immigration records.³ Our factual findings are set forth below. In summary, we determined that when apprehended by CBP it was readily evident that (b)(6) was severely developmentally disabled and suffering from life threatening malnourishment. Indeed, at the time of his apprehension (b)(6) was unable to walk, speak or eat solid foods. It is axiomatic that he required immediate medical attention and that under no circumstances should he have been placed in a detention facility or transported as a regular passenger on a commercial airline.

Nevertheless, despite the patently obvious nature of his urgent medical needs, during (b)(6) five days in CBP/ICE custody, he received no medical care and was examined by a physician for the sole purpose of obtaining "medical clearance" for transport from Texas to Miami. Medical records obtained from that purported examination can only be described as shocking. The examining physician, a Dr. (b)(6) who cleared (b)(6) for travel, described (b)(6) as a "female" minor whose condition was "good," "appeared in no distress," was "comfortable" and "denies pain." No note was made of his severe malnutrition, inability to speak,⁴ immediate need for medical care or his severe developmental disabilities. After less than three hours in the hospital, (b)(6) was "deamed [sic] fit for travel" and given a prescription for Children's Motrin.

It is also important to note that, as a result of our representation of other immigrant children in detention, we know that (b)(6) situation—though among the egregious we have ever encountered, is not a unique situation. As set forth below, we have obtained

² BLC Therapeutic Resources II, Inc., (b)(6) Evaluation Record at 1 (Sept. 21, 2013), attached at Exhibit A.

³ While we have received his medical and ORR records, we continue to await responses from both ICE and CBP.

⁴ To the contrary, the medical records state that (b)(6) communicated a variety of things about his condition to the doctor, when in fact (b)(6) is mentally developmentally disabled to the extent that he cannot and does speak.

information directly from detained children indicating that CBP routinely engages in the abuse and/or neglect of child detainees.

Based on our findings we conclude that CBP and ICE engaged in unlawful and abusive treatment of (b)(6) including but not limited to intentional indifference to his critical and severe medical needs which could have resulted in his death.⁵ Accordingly, we urge you to initiate an immediate investigation of CBP's/ICE's treatment of (b)(6) and similarly situated children.

FACTUAL FINDINGS

1. On Wednesday, July 31, 2013, (b)(6) then a seven year old Honduran minor, was taken into custody by CBP at or near Rio Grande City, Texas. (b)(6) remained in CBP custody for five days, until August 5, 2013. At this time it is known that for some portion of that time he was held in CBP's Fort Brown station, in CBP's Rio Grande Valley sector.

2. During the past year AI Justice, in conjunction with several other nongovernmental organizations,⁶ including the American Immigration Council and the Women's Refugee Commission, conducted an investigation into detention conditions for immigrant detainees in CBP's Rio Grande Valley Sector. During the course of the investigation AI Justice has interviewed more than one hundred detainees held in the Rio Grande Valley Sector, including at the Fort Brown Station. Detainees at these stations are held in overcrowded, bare concrete cells containing nothing other than a toilet sitting in the open in the corner. No bed, bedding or hygiene items are provided to detainees. No bathing facilities exist and detainees are unable to clean themselves. Detainees are not provided with a change of clothes. The lights remain on twenty-four hours a day, rendering sleep very difficult. The temperature in the cells is kept so cold that detainees report their fingers and toes turning blue and their lips chaffing, cracking and bleeding. CBP officers routinely refer to the stations as the "hieleras" which is Spanish for

⁵ In addition, the William Willberforce Trafficking Victims Protection Reauthorization Act (TVPRA) of 2008 requires that barring exceptional circumstances, unaccompanied children who are apprehended by CBP or ICE be transferred to the custody of the Office of Refugee Resettlement Department of Health and Human Services' within 48 or 72 hours of the age determination. See TVPRA §§ 235(a)(4); 235(b)(3).

⁶ AI Justice has also obtained confirming information from other immigrant rights organizations which have interviewed immigrant detainees who were held by CBP in hieleras. One such organization, the Texas-based Refugee and Immigrant Center for Education and Legal Services (RAICES) has documented hundreds of cases of their clients being subjected to prolonged detention under unlawful and inhumane conditions while in CBP custody. See RAICES Statement of Conditions in the "Hieleras" (June 12, 2013), attached at Exhibit B.

“icebox” or “freezer.”⁷ In the past year AI Justice has filed Federal Tort Claims Act complaints on behalf of seven women and one man—all of whom are bona fide asylum seekers—who were held in the Rio Grand Valley Sector.⁸

3. Detainees in the Rio Grande Valley Sector holding stations are generally fed one bologna sandwich, often completely or partially frozen, approximately every twelve hours. Water, tasting and smelling of bleach, is typically provided in a single thermos which must be shared by all the detainees. (b)(6) was provided solid food, though unable to eat it, including a “sack lunch” on August 5, 2013. As a result, upon information and belief, he was effectively not fed for five days while in government custody as a result of the government’s failure to either give him food he could swallow and digest, or obtain prompt, adequate medical care for (b)(6).

4. On Friday, August 2, 2013, (b)(6) was transported by CBP to the Valley Baptist Hospital in Brownsville, Texas, where he was admitted to the Emergency Department at 1:00pm “[f]or medical clearance and symptoms screening for TB, any medications or equipments needed for flying to Miami International Airport.”⁹

5. (b)(6) was seen by a Dr (b)(6) who indentified (b)(6) as a female minor.¹⁰ (b)(6) Valley Baptist medical records further indicate that he “was not received from another setting of care” and that “care prior to arrival” was “none.”¹¹ His medical records also reflect the following findings upon examination at Valley Baptist:

- “General: Appears in no apparent distress, comfortable”
- “Pain: Denies pain.”
- “EENT: No deficits noted.”
- “GI: No deficits noted.”
- “GU: No deficits noted.”
- “Musculoskeletal: No deficits noted.”

⁷ The inhumane conditions of the “hieleras” was the focus of a December 6, 2013 story in the Los Angeles Times, available at: http://www.latimes.com/nation/la-na-ff-detention-centers-20131206_0,1877630.story, and attached at Exhibit C; and in November 18, 2013 story by the Center for Investigative Journalism, available at: <http://cironline.org/reports/detained-border-crossers-may-find-themselves-sent-to-freezers-5574>

⁸ A redacted copy of one of the FTCA complaints filed by AI Justice is attached at Exhibit D.

⁹ Valley Baptist Medical Record, (b)(6) Nurse’s Notes at 1 (Aug. 2, 2013), attached at Exhibit E.

¹⁰ *Id.*

¹¹ *Id.*

- “Age appropriate behavior- School age (6 to 12 yrs): understands body, Tries to problem solve.”
- “PLAN OF CARE: Proper hand washing technique was demonstrated to patient.”¹²

6. (b)(6) was ordered discharged from Valley Baptist at 3:32pm, two-and-a-half hours after being admitted.¹³ At discharge his “condition” was stated as: “good” and “stable.” His medical records further state that: “This patient has been medically cleared for release to US Immigration Services, and has been deemed [sic] fit for travel.”¹⁴ The only recommendation for further care was a prescription for Children’s Motrin.¹⁵

7. On August 5, 2013, (b)(6) was transported from the Fort Brown CBP station to the Brownsville, Texas airport. There he was transferred to the custody of staff from the Office of Refugee Resettlement’s Unaccompanied Alien Children Program at His House Children’s Home (His House) in Miami, Florida.

8. Upon arrival in Miami on August 5, 2013, (b)(6) was transported directly to Children’s Hospital. Upon admission he was “found to be severe growth restricted, weighing 11.45 kg. As well developmentally delayed with poor eye tracking, verbal response limited to groaning, intellectually disabled, poor contact with the environment, severely malnourished.”¹⁶ He was ultimately diagnosed with “severe developmental delay, autism, dislocation (patella closed), failure to thrive, infected dental carries, constipation, and undescended and retractile testicle.”¹⁷ (b)(6) underwent surgery for esophageal achalasia, a condition which prevented him from passing food through his esophagus to his stomach, and intestinal malrotation which made it difficult for him to digest food.¹⁸

¹² *Id.* at 3.

¹³ *Id.* at 3

¹⁴ *Id.* at 6.

¹⁵ *Id.*

¹⁶ Miami Children’s Hospital Medical Record, InterQaul Review Summary, (b)(6) at 1 (August 6, 2013), attached at Exhibit F.

¹⁷ Miami Children’s Hospital Medical Record, Gastroenterology Progress Note, (b)(6) at 1 (August 12, 2013), attached at Exhibit G.

¹⁸ Miami Children’s Hospital Medical Record, Surgical Documentation, (b)(6) at 2 (August 29, 2013), attached at Exhibit H.

9. (b)(6) was discharged to His House on September 16, 2013, and continues to receive physical, speech, and occupational therapy on a weekly basis. Although (b)(6) is still unable to verbally communicate, he presents as much happier and even claps from time to time. Three different professionals are specifically assigned to (b)(6) during three shifts on a twenty-four hour basis. They change his diaper, feed him, bathe him, and ensure all his needs are met. He recognizes them and seems happy to see them. He also responds positively to music, laughter, and clapping.

REPORTS OF OTHER NEGLECT/ABUSE

Sadly, (b)(6) case—though among the most egregious to come to our attention since we began working with detained immigrant children more than fifteen years ago—is far from the first instance of abuse and/or inappropriate care of children in CBP custody. AI Justice attorneys make weekly visits to local ORR-subcontracted facilities for unaccompanied children, including His House. As a result of interviewing children detained in these facilities over the past several years, AI Justice has documented repeated instances of immigrant children in CBP custody suffering inhumane and unlawful treatment.

Many of the children report being handcuffed when they are apprehended and some report the officers using excessive force during their apprehension. In some cases, the children have been kicked, thrown on the floor, stepped on, shoved, and physically injured in other ways. A recently interviewed child reported that when apprehended, a CBP officer threw him to the ground with such force that he struck and cut his head. Some of the children also report being fearful because they witnessed other children being physically assaulted by CBP officers for no apparent reason. Almost all of the children we speak with describe the conditions of detention as poor. They complain of extremely cold temperatures in the cells, as well as a lack of blankets or something to warm their bodies. They also report receiving insufficient food and/or water for extended periods of time. Additionally, they are being held in CBP stations for four, five and as long as twelve days, in violation of the TVPRA.

We have also heard of multiple instances where CBP officers, while processing the children, repeatedly question them about their age and attempt to coerce them into saying they are adults, despite the children's repeated declaration of their age. In one case, the officer crumbled up the child's birth certificate and threw it in the trash. Another CBP officer, who witnessed the incident, subsequently retrieved the birth certificate from the trash.

CONCLUSION

Given the severity of (b)(6) medical needs and his complete inability to not only care for himself but to communicate his needs to others, it is nothing short of miraculous that (b)(6) survived while in government custody. That fact that other children with medical needs remain in CBP custody and may be subject to similar neglect and or abuse makes it of the utmost urgency that a prompt and comprehensive investigation be initiated immediately.

While the penultimate question to be addressed is what facts and circumstances made it possible for our government to place and hold a seven year old child with (b)(6) extraordinary medical needs in a detention facility for five days, we believe it is imperative that the following additional questions be addressed:

- 1) Who was responsible for (b)(6) not being timely transferred to ORR in compliance with the William Willberforce Trafficking Victims Protection Reauthorization Act;
- 2) Why did it take five days for CBP/ICE to transfer (b)(6) to ORR;
- 3) What personnel made the decision not to seek immediate medical care for (b)(6) who, as previously noted, could neither walk nor speak, and was severely malnourished at the time of his apprehension;
- 4) What arrangements does CBP have with Valley Baptist Hospital and what processes have been and/or were taken to determine the qualifications of that hospital and its staff to provide competent, qualified medical evaluation and care to minor immigrant detainees;
- 5) In light of the obvious failure by Valley Baptist Hospital to properly diagnose and render needed medical care to (b)(6) what steps will be taken by CPB/DHS to communicate this failure to Valley Baptist and what corrective actions—including possible termination of any contract with or use of Valley Baptist—will be undertaken;
- 6) What are CBP's standards for "medically clearing" an immigrant detainee for either return to detention or travel;
- 7) What CBP/ICE policies must be revised and/or enforced to ensure that children, particularly those with medical needs, receive proper care while in the custody and control of our government; and
- 8) What disciplinary actions have and will be taken against the personnel who were responsible for (b)(6) prolonged, unlawful detention in CBP/ICE custody?

We appreciate being timely advised regarding the actions undertaken by your office, including the results of your investigation, regarding this matter. By copy of this letter we are advising certain members of congress concerning this matter.

Please contact me at (305) (b)(6) @aijustice.org, or (b)(6) AI Justice Director of Litigation at (786) (b)(6) @aijustice.org, should you require any additional information or if we can be of assistance in any way.

Sincerely,

(b)(6)

Executive Director

Enclosures

cc: The Honorable Harry Reid (via email)
United States Senate
522 Hart Senate Office Bldg.
Washington, DC 20510

The Honorable Barbara Boxer (via email)
United States Senate
112 Hart Senate Office Bldg.
Washington, D.C. 20510

The Honorable Zoe Lofgren (via email)
United States House of Representatives
1401 Longworth House Office Building
Washington, D.C. 20515

The Honorable Joaquin Castro (via email)
United State House of Representatives
212 Cannon House Office Building
Washington, DC 20515

COMPLAINT INFORMATION

1. Information about the person who experienced the civil rights/civil liberties violation

Name: (b)(6)

Date of Birth: (b)(6) Alien Registration #: (b)(6)

Please contact me through the organization filing this complaint on my behalf. Esperanza Immigrant Rights Project has my current contact information and can facilitate any necessary follow-up.

2. Information about the person filling in this complaint on behalf of the complainant

Name: (b)(6) Program Director
First Last Job title

Organization: Esperanza Immigrant Rights Project

Phone #: Work: (213) 251-3535

Mailing address: 1530 James M. Wood Blvd., Los Angeles, CA 90015

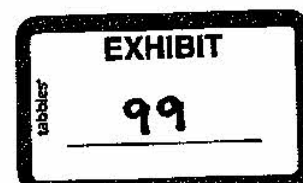
3. What happened?

(b)(6)

(b)(6) a seven year old boy, was separated from his older sister almost immediately upon arriving at the CBP detention center. (b)(6) was not told when he would see his sister again nor why they were separated. (b)(6) states there were about forty older teenagers in his detention holding cell and there were very few younger boys like him. He felt very scared and anxious.

4. Who treated you unfairly? Customs and Border Protection

5. Have you contacted any other DHS component or other federal, state, or local government agency or court about this complaint? No





Catholic
Charities
of Los Angeles, Inc.

WAIVER OF ANONYMITY FOR CRCL/OIG COMPLAINT

Date: 5/11/14

Name:

DOB:

(b)(6)

A#:

(b)(6)

I authorize the Esperanza Immigrant Rights Project or any of its duly authorized representatives to use my personal story and identifying information in their filing of a group CRCL/OIG complaint against ICE/CBP.

I understand that the filing of the complaint does not initiate representation for immigration purposes. An attorney from Esperanza will not accompany me to court unless I have an independent representation agreement with Esperanza. My participation is voluntary and willing and does not guarantee a specific outcome for immigration purposes.

I understand that this consent expires one year from the date of my signing and I may withdraw my consent at any time.

BY SIGNING THIS AGREEMENT, I INDICATE MY UNDERSTANDING AND AGREEMENT WITH ITS ENTIRE CONTENTS.

IF I DO NOT READ AND UNDERSTAND ENGLISH, THIS AGREEMENT HAS BEEN READ TO ME IN THE Spanish LANGUAGE BY (b)(6) (print name) AND I UNDERSTAND AND AGREE WITH ITS ENTIRE CONTENTS.

(b)(6)
Signature

5/11/14
Date

COMPLAINT INFORMATION

1. Information about the person who experienced the civil rights/civil liberties violation

Name: (b)(6)

Date of Birth: (b)(6) Alien Registration #: (b)(6)

Please contact me through the organization filing this complaint on my behalf. Esperanza Immigrant Rights Project has my current contact information and can facilitate any necessary follow-up.

2. Information about the person filling in this complaint on behalf of the complainant

Name: (b)(6) Program Director
First Last Job title

Organization: Esperanza Immigrant Rights Project

Phone #: Work: (213) 251-3535

Mailing address: 1530 James M. Wood Blvd., Los Angeles, CA 90015

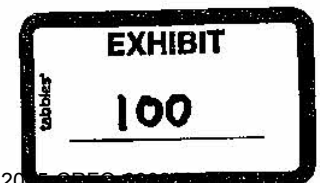
3. What happened?

(b)(6)

(b)(6) a fourteen year old girl, was in CBP custody for six days. She was only given juice to drink. She felt desperately anxious when she was separated from her sibling, (b)(6) and was not told when she would see him again. Officials failed to return a ring that was given to her by her mother.

4. Who treated you unfairly? Customs and Border Protection

5. Have you contacted any other DHS component or other federal, state, or local government agency or court about this complaint? No





Catholic
Charities
of Los Angeles, Inc.

WAIVER OF ANONYMITY FOR CRCL/OIG COMPLAINT

Date: 5/19/14

Name: (b)(6)
DOB: (b)(6)

A#: (b)(6)

I authorize the Esperanza Immigrant Rights Project or any of its duly authorized representatives to use my personal story and identifying information in their filing of a group CRCL/OIG complaint against ICE/CBP.

I understand that the filing of the complaint does not initiate representation for immigration purposes. An attorney from Esperanza will not accompany me to court unless I have an independent representation agreement with Esperanza. My participation is voluntary and willing and does not guarantee a specific outcome for immigration purposes.

I understand that this consent expires one year from the date of my signing and I may withdraw my consent at any time.

BY SIGNING THIS AGREEMENT, I INDICATE MY UNDERSTANDING AND AGREEMENT WITH ITS ENTIRE CONTENTS.

IF I DO NOT READ AND UNDERSTAND ENGLISH, THIS AGREEMENT HAS BEEN READ TO ME IN THE Spanish LANGUAGE BY (b)(6) (print name) AND I UNDERSTAND AND AGREE WITH ITS ENTIRE CONTENTS.

(b)(6)

Signature

Date 5-19-14



Department of Homeland Security (DHS)
Office for Civil Rights and Civil Liberties

Civil Rights Complaint

Fillable Version (last modified 3/15/2011)

The purpose of this form is to assist you in filing a civil rights/civil liberties complaint with the Department of Homeland Security (DHS) Office for Civil Rights and Civil Liberties (CRCL) regarding DHS programs and activities. This form is not intended to be used for complaints about employment with DHS. You are not required to use this form to file a complaint; a letter with the same information is sufficient. However, if you file a complaint by letter, you should include the same information that is requested in the form.

CRCL Mission:

The DHS Office for Civil Rights and Civil Liberties (CRCL) supports the Department as it secures the nation while preserving individual liberty, fairness, and equality under the law. We investigate claims of civil rights and civil liberties abuses, to help DHS improve protections and programs.

Do you have a DHS civil rights or civil liberties complaint? If you believe that DHS personnel or a DHS program or activity has violated your rights, we want to hear from you. Fill out this form, or write us an email or letter.

In connection with a DHS program, activity, or policy, have you experienced:

- Discrimination based on your race, ethnicity, national origin (including language proficiency), religion, gender, or disability? (Note: do not use this form to make a complaint about employment discrimination; see www.dhs.gov/eeo.)
- Denial of meaningful access to DHS or DHS-supported programs, activities, or services due to limited English proficiency?
- Violation of your rights while in immigration detention or as a subject of immigration enforcement?
- Discrimination or inappropriate questioning related to entry into the United States?
- Violation of your right to due process, such as your right to timely notice of charges or access to your lawyer?
- Violation of the Violence Against Women Act's confidentiality requirements?
- Physical abuse or any other type of abuse inflicted upon you?
- Any other civil rights or civil liberties violation related to a DHS program or activity?

Notes on Confidentiality and Anonymity:

- A) You may remain anonymous by not filling in your name, below. However, CRCL may not be able to investigate your complaint unless you provide enough information to conduct an investigation.
- B) Disclosure of the information you provide, including your identity, is on a "need-to-know" basis, and is discussed in the Privacy Statement at the end of this document. **IF YOU CHECK THE BOX BELOW, WE WILL NOT DISCLOSE YOUR IDENTITY TO OTHER OFFICES, IN OR OUT OF DHS (unless it is necessary for investigation of criminal misconduct).** Note, however, that this will in many situations make it very difficult or impossible, practically speaking, for us to investigate the allegations you raise.
- ☐ I do NOT want CRCL to disclose my name to other offices, and understand this decision will often make it impossible for an investigation to take place.
- C) Retaliation against complainants to CRCL is unlawful; if you feel you have been a victim of reprisal, CALL US. 1-866-644-8360.



Complaint Information

If you don't speak/write English, CRCL has access to interpreters and can talk to you in any language.

① **Information about the person who experienced the civil rights/civil liberties violation**

(fill in what you can)

Name: (b)(6) (b)(6) (b)(6)
First and Middle Last

Phone #: Cell: see attorney info below Home: Work:

Please note that we may contact you at the provided numbers.

Mailing Address: c/o National Immigrant Justice Center, 208 S. LaSalle St, Ste 1300, Chicago, IL 60604
PO Box or Street address City State Zip

Date of Birth: (b)(6) Email (optional): see attorney info below

Alien Registration #: (if you have one and it's available): (b)(6)

☐ Check here if you are in detention now.

Which facility? Facility name Facility address

☒ Check here if you are represented by an attorney in this matter. If so please provide the attorney's name and contact information (b)(6) (see above)

② **Are you filling in this complaint form on behalf of another individual? If yes, please provide your information.**

Name: (b)(6) Associate Director of Litigation
First Last Job title

Organization (if any): National Immigrant Justice Center

Phone #: Cell: Home: Work: (312) 660-1308

Mailing Address: National Immigrant Justice Center, 208 S. LaSalle St, Ste 1300, Chicago, IL 60604
PO Box or Street address City State Zip

③ **What happened?** Describe your complaint. Give as much detail about your experience as possible.
See attached.

Continue on an additional page, if needed.

When did this happen? If ongoing, please indicate when the problem began.

(If it happened on more than one date, list all dates):

See attached.

Where did this happen?

Place *(for example, name the detention facility, airport, other)*:

City: near Brownsville

State or Country: Texas

④ Who treated you unfairly?

An employee, contractor, or officer of *(check as many as apply)*:

☐ Citizenship and Immigration Services (USCIS)

☒ Customs and Border Protection (CBP)*

☐ Customs Officer

☐ Border Patrol Agent

☐ Federal Emergency Management Agency (FEMA)

☐ Immigration and Customs Enforcement (ICE)

☐ Secret Service (USSS)

☐ Transportation Security Administration (TSA)*

☐ U.S. Coast Guard (USCG)

☐ Other DHS program *(specify)* :

☐ Not sure which DHS office

☐ Non-DHS employee working under the authority of DHS (e.g., 287g officer)

specify: _____

*If your complaint is about an incident at an airport, train station, or border crossing, you may also file a complaint with the Department of Homeland Security's Traveler Redress Inquiry Program (TRIP). TRIP and this Office will review your complaint together, resulting in a faster response. Go to: www.dhs.gov/trip.

⑤ List anyone else who may have seen or heard what happened.

(If you do not know their names, provide whatever details you can)

Names (or other information, e.g., agency): other unidentified witnesses

Mailing Address: _____

PO Box or Street address

City

State or Country

Zip

Phone No.: _____

Email: _____

Names (or other information, e.g., agency): _____

Mailing Address: _____

PO Box or Street address

City

State or Country

Zip

Phone No.: _____

Email: _____

Continue on an additional page, if needed.

- ⑥ Have you contacted any other DHS component or other federal, state, or local government agency or court about this complaint?

☐ Yes: Agency/Office/Court _____ Date: _____
☒ No

If so, has anyone responded to your complaint?

☐ Yes ☐ No

If Yes, describe what has been done to respond to your complaint:

N/A

Continue on an additional page, if needed.

- ⑦ Is there any other information you want us to know about or consider?

Continue on an additional page, if needed.

- ⑧ If you are not proficient in English, please indicate the language in which you prefer we communicate with you.

Spanish _____

- ⑨ If you have problems understanding this form or any other question, contact CRCL:

E-mail: crcl@dhs.gov

Phone: Local: 202-401-1474 or

Toll Free: 866-644-8360

TTY: Local TTY: 202-401-0470

Toll Free TTY: 866-644-8361

Fax: 202-401-4708

By U.S. Postal Service:

Department of Homeland Security

CRCL/Compliance Branch

245 Murray Lane, SW

Building 410, Mail Stop #0190

Washington, DC 20528

Note: Because of security measures, it can take up to 4 weeks for us to receive U.S. mail.

- ⑩ To submit this form by email, please save, attach, and send to crcl@dhs.gov. Please attach or send all information that supports your complaint, such as documents, photos, medical records, grievances, or witness statements.

Submit copies, not originals; put your name and the date of this complaint on each document. (Fax to: 202-401-4708, or email scans of your documents to crcl@dhs.gov, or mail to the address listed above.)

Keep a copy of this complaint for your records.

Privacy Act Statement

Under 6 U.S.C. § 345 and 42 U.S.C. § 2000ee-1, the Office for Civil Rights and Civil Liberties (CRCL) is authorized to investigate complaints and information from the public about possible violations of civil rights or civil liberties related to DHS employees, programs, or activities. A federal law, called the Privacy Act, says we must explain how we protect your information while processing your complaint.

If your complaint is more appropriately handled by a different federal office, we will refer it to that office. In order to investigate your complaint, CRCL will disclose the information regarding your complaint to other appropriate DHS offices, including the Office of the Inspector General. CRCL may also disclose certain information from your complaint if we are required by law to do so or if there is no privacy impact. For example, we send reports to Congress every three months about complaints submitted by the public. Those reports describe the **types** of complaints, and **do not include personal information**. To read our past reports, go to www.dhs.gov/crcl.

To learn more about the Privacy Act go to the Federal Information Center, www.pueblo.gsa.gov.

You may use the following pages to include additional information about your complaint if needed. Please specify which number(s) above you are continuing.

COMPLAINT AFFIDAVIT

My full and complete name is: (b)(6)

My assigned Alien number is:

I was detained by Border Patrol Agents at or near: Brownsville, TX

I was detained by Border Patrol Agents on or about: May 1, 2014

My age at the time I was detained: 13 FINS #: _____

Event #: (b)(6)

Border Patrol Agent: _____ Supervisor: _____


Location of Border Patrol Agent: _____

I, (b)(6) declare and affirm that the following took place:


We were hiding behind the railroad tracks when we saw immigration's lamps, My guide started to run so I followed him. I tried hiding under a car but immigration found me and roughly pulled me up by my shirt collar. Then their dog scratched the right side of my face with its nails. The officer started laughing at me when the dog scratched my face. I was bleeding a lot and my eye was in great pain. Then they put us in a car and then took us to the hieleras. I was in two hieleras for five days. In the hieleras they did not give me medical attention for my eye, not even a piece of cotton. I did not ask for anything because I was scared of the officers. I used one of the small aluminum like blanks that are in the hielera to clean up my face. I could hardly open my eye. While I was in the second hielera I saw them take a boy outside and shoot him with a Taser he fell to the ground; he was shaking and his eyes rolled to the back of his head. He was brought back into our cell, put into a chair and his feet and hand were handcuffed and immigration put one an aluminum blankets over his back. This scared me so much. I did not every misbehave or talk back to any officer while I was in the hieleras. I am only 13 years old and I was shackled leaving the hielera to get on the plane. The shackles were very tight and made me feel like a criminal.


I declare and affirm under penalty of perjury that the content of this declaration is true and correct to the best of my knowledge.

I declare and affirm under penalty of perjury that the content of this declaration is true and correct to the best of my knowledge. **I authorize any agency or entity receiving this complaint or a copy of this complaint to release any and all information about this complaint or its investigation to the National Immigration Justice Center (NIJC).**

x 
Signature

23/05/2014
Date

I,  hereby declare under penalty of perjury that I am competent in both English and Spanish, and have translated to the best of my abilities the foregoing affidavit from Spanish to English.


Signature

05/23/2014
Date

COMPLAINT INFORMATION

1. Information about the person who experienced the civil rights/civil liberties violation

Name: (b)(6)
Date of Birth: (b)(6) Alien Registration #: (b)(6)

Please contact me through the organization filing this complaint on my behalf. Esperanza Immigrant Rights Project has my current contact information and can facilitate any necessary follow-up.

2. Information about the person filling in this complaint on behalf of the complainant

Name: (b)(6) Program Director
First Last Job title
Organization: Esperanza Immigrant Rights Project
Phone #: Work: (213) 251-3535
Mailing address: 1530 James M. Wood Blvd., Los Angeles, CA 90015

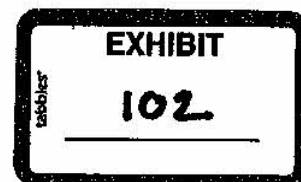
3. What happened?

(b)(6)

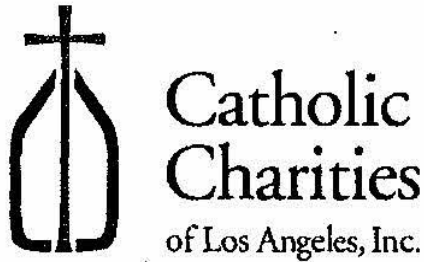
(b)(6) came to the U.S. after being sexually abused by a gang member in her home country. She had sliced open her hand jumping a fence while trying to cross the border. When she was detained, a border patrol officer looked at her hand and squeezed her wound, causing her great pain. He told her "it's good that you are hurt, you deserve to be hurt for coming to the US illegally." The food (b)(6) was given made her so ill she could not release her bowels for the entire five days she was in the *hielera*. (b)(6) was held with other adolescent women who had been detained for eight days. In her *hielera* there were also very little boys, (b)(6) said, who had crossed the border with and had been subsequently separated from their mothers. They were all terrified.

4. Who treated you unfairly? Customs and Border Protection

5. Have you contacted any other DHS component or other federal, state, or local government agency or court about this complaint? No



Personal new 7/3/14 (b)(6) D&H



WAIVER OF ANONYMITY FOR CRCL/OIG COMPLAINT

Date: 4/3/14

Name:

DOB:

(b)(6)

A#:

(b)(6)

I authorize the Esperanza Immigrant Rights Project or any of its duly authorized representatives to use my personal story and identifying information in their filing of a group CRCL/OIG complaint against ICE/CBP.

I understand that the filing of the complaint does not initiate representation for immigration purposes. An attorney from Esperanza will not accompany me to court unless I have an independent representation agreement with Esperanza. My participation is voluntary and willing and does not guarantee a specific outcome for immigration purposes.

I understand that this consent expires one year from the date of my signing and I may withdraw my consent at any time.

BY SIGNING THIS AGREEMENT, I INDICATE MY UNDERSTANDING AND AGREEMENT WITH ITS ENTIRE CONTENTS.

IF I DO NOT READ AND UNDERSTAND ENGLISH, THIS AGREEMENT HAS BEEN READ TO ME IN THE Spanish LANGUAGE BY (b)(6) (print name) AND I UNDERSTAND AND AGREE WITH ITS ENTIRE CONTENTS.

(b)(6)

Signature

4/3/14
Date



Department of Homeland Security (DHS)
Office for Civil Rights and Civil Liberties

Civil Rights Complaint

Fillable Version (last modified 3/15/2011)

The purpose of this form is to assist you in filing a civil rights/civil liberties complaint with the Department of Homeland Security (DHS) Office for Civil Rights and Civil Liberties (CRCL) regarding DHS programs and activities. This form is not intended to be used for complaints about employment with DHS. You are not required to use this form to file a complaint; a letter with the same information is sufficient. However, if you file a complaint by letter, you should include the same information that is requested in the form.

CRCL Mission:

The DHS Office for Civil Rights and Civil Liberties (CRCL) supports the Department as it secures the nation while preserving individual liberty, fairness, and equality under the law. We investigate claims of civil rights and civil liberties abuses, to help DHS improve protections and programs.

Do you have a DHS civil rights or civil liberties complaint? If you believe that DHS personnel or a DHS program or activity has violated your rights, we want to hear from you. Fill out this form, or write us an email or letter.

In connection with a DHS program, activity, or policy, have you experienced:

- Discrimination based on your race, ethnicity, national origin (including language proficiency), religion, gender, or disability? (Note: do not use this form to make a complaint about employment discrimination; see www.dhs.gov/eeo.)
- Denial of meaningful access to DHS or DHS-supported programs, activities, or services due to limited English proficiency?
- Violation of your rights while in immigration detention or as a subject of immigration enforcement?
- Discrimination or inappropriate questioning related to entry into the United States?
- Violation of your right to due process, such as your right to timely notice of charges or access to your lawyer?
- Violation of the Violence Against Women Act's confidentiality requirements?
- Physical abuse or any other type of abuse inflicted upon you?
- Any other civil rights or civil liberties violation related to a DHS program or activity?

Notes on Confidentiality and Anonymity:

- A) You may remain anonymous by not filling in your name, below. However, CRCL may not be able to investigate your complaint unless you provide enough information to conduct an investigation.
- B) Disclosure of the information you provide, including your identity, is on a "need-to-know" basis, and is discussed in the Privacy Statement at the end of this document. IF YOU CHECK THE BOX BELOW, WE WILL NOT DISCLOSE YOUR IDENTITY TO OTHER OFFICES, IN OR OUT OF DHS (unless it is necessary for investigation of criminal misconduct). Note, however, that this will in many situations make it very difficult or impossible, practically speaking, for us to investigate the allegations you raise.
- ☐ I do NOT want CRCL to disclose my name to other offices, and understand this decision will often make it impossible for an investigation to take place.
- C) Reprisal against complainants to CRCL is unlawful; if you feel you have been a victim of reprisal, CALL US. 1-866-644-8360.

EXHIBIT

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Complaint Information

If you don't speak/write English, CRCL has access to interpreters and can talk to you in any language.

① **Information about the person who experienced the civil rights/civil liberties violation**

(fill in what you can)

Name: (b)(6) (b)(6) (b)(6)
First and Middle Last

Phone #: Cell: see attorney info below Home: Work:

Please note that we may contact you at the provided numbers.

Mailing Address: c/o National Immigrant Justice Center, 208 S. LaSalle St, Ste 1300, Chicago, IL 60604
PO Box or Street address City State Zip

Date of Birth: (b)(6) Email (optional): see attorney info below

Alien Registration #: (if you have one and it's available): (b)(6)

- ☐ Check here if you are in detention now.

Which facility? c/o ORR Custody, 4822 N Broadway, Chicago, IL 60640
Facility name Facility address

- ☒ Check here if you are represented by an attorney in this matter. If so please provide the attorney's name and contact information (b)(6) see above

② **Are you filling in this complaint form on behalf of another individual?** If yes, please provide your information.

Name: (b)(6) Associate Director of Litigation
First Last Job title

Organization (if any): National Immigrant Justice Center

Phone #: Cell: Home: Work: (312) 660-1308

Mailing Address: National Immigrant Justice Center, 208 S. LaSalle St, Ste 1300, Chicago, IL 60604
PO Box or Street address City State Zip

③ **What happened?** Describe your complaint. Give as much detail about your experience as possible.
See attached.

Continue on an additional page, if needed.

When did this happen? If ongoing, please indicate when the problem began.

(If it happened on more than one date, list all dates):

See attached.

Where did this happen?

Place *(for example, name the detention facility, airport, other)*: _____

City: near Hidalgo State or Country: Texas

④ Who treated you unfairly?

An employee, contractor, or officer of *(check as many as apply)*:

- | | |
|--|---|
| <input type="checkbox"/> Citizenship and Immigration Services (USCIS) | <input type="checkbox"/> Not sure which DHS office |
| <input checked="" type="checkbox"/> Customs and Border Protection (CBP)* | <input type="checkbox"/> Non-DHS employee working under the authority |
| <input type="checkbox"/> Customs Officer | of DHS (e.g., 287g officer) |
| <input type="checkbox"/> Border Patrol Agent | specify: _____ |
| <input type="checkbox"/> Federal Emergency Management Agency (FEMA) | |
| <input type="checkbox"/> Immigration and Customs Enforcement (ICE) | |
| <input type="checkbox"/> Secret Service (USSS) | |
| <input type="checkbox"/> Transportation Security Administration (TSA)* | |
| <input type="checkbox"/> U.S. Coast Guard (USCG) | |
| <input type="checkbox"/> Other DHS program <i>(specify)</i> : | |

*If your complaint is about an incident at an airport, train station, or border crossing, you may also file a complaint with the Department of Homeland Security's Traveler Redress Inquiry Program (TRIP). TRIP and this Office will review your complaint together, resulting in a faster response. Go to: www.dhs.gov/trip.

⑤ List anyone else who may have seen or heard what happened.

(If you do not know their names, provide whatever details you can)

Names (or other information, e.g., agency): other unidentified witnesses

Mailing Address: _____
PO Box or Street address City State or Country Zip

Phone No.: _____ Email: _____

Names (or other information, e.g., agency): _____

Mailing Address: _____
PO Box or Street address City State or Country Zip

Phone No.: _____ Email: _____

Continue on an additional page, if needed.

- ⑥ **Have you contacted any other DHS component or other federal, state, or local government agency or court about this complaint?**

☐ **Yes:** Agency/Office/Court _____ Date: _____
☒ **No**

If so, has anyone responded to your complaint?

☐ **Yes** ☐ **No**

If Yes, describe what has been done to respond to your complaint:

N/A

Continue on an additional page, if needed.

- ⑦ **Is there any other information you want us to know about or consider?**

Continue on an additional page, if needed.

- ⑧ If you are not proficient in English, please indicate the language in which you prefer we communicate with you.

Spanish _____

- ⑨ If you have problems understanding this form or any other question, contact CRCL:

E-mail: crcl@dhs.gov

Phone: Local: 202-401-1474 or

Toll Free: 866-644-8360

TTY: Local TTY: 202-401-0470

Toll Free TTY: 866-644-8361

Fax: 202-401-4708

By U.S. Postal Service:

Department of Homeland Security

CRCL/Compliance Branch

245 Murray Lane, SW

Building 410, Mail Stop #0190

Washington, DC 20528

Note: Because of security measures, it can take up to 4 weeks for us to receive U.S. mail.

- ⑩ To submit this form by email, please save, attach, and send to crcl@dhs.gov. Please attach or send all information that supports your complaint, such as documents, photos, medical records, grievances, or witness statements.

Submit copies, not originals; put your name and the date of this complaint on each document. (Fax to: 202-401-4708, or email scans of your documents to crcl@dhs.gov, or mail to the address listed above.)

Keep a copy of this complaint for your records.

Privacy Act Statement

Under 5 U.S.C. § 345 and 42 U.S.C. § 2000ee-1, the Office for Civil Rights and Civil Liberties (CRCL) is authorized to investigate complaints and information from the public about possible violations of civil rights or civil liberties related to DHS employees, programs, or activities. A federal law, called the Privacy Act, says we must explain how we protect your information while processing your complaint.

If your complaint is more appropriately handled by a different federal office, we will refer it to that office. In order to investigate your complaint, CRCL will disclose the information regarding your complaint to other appropriate DHS offices, including the Office of the Inspector General. CRCL may also disclose certain information from your complaint if we are required by law to do so or if there is no privacy impact. For example, we send reports to Congress every three months about complaints submitted by the public. Those reports describe the **types** of complaints, and **do not include personal information**. To read our past reports, go to www.dhs.gov/crcl.

To learn more about the Privacy Act go to the Federal Information Center, www.pueblo.gsa.gov.

You may use the following pages to include additional information about your complaint if needed. Please specify which number(s) above you are continuing.

COMPLAINT AFFIDAVIT

My full and complete name is: (b)(6)
My assigned Alien number is: (b)(6)
I was detained by Border Patrol Agents at or near: Hidalgo, Texas
I was detained by Border Patrol Agents on or about: May 14, 2014
My age at the time I was detained: 17 FINS #: (b)(6)
Event #: (b)(6)
Border Patrol Agent: Supervisor:
Location of Border Patrol Agent:

I, (b)(6) declare and affirm that the following took place:

I was detained at the border around May 14, 2014. I traveled from Honduras to reunite with my mother who lives in the United States.

I was detained in three facilities near the border. In one of them, I was in a room with other minors and there was a small window. The window had a sign that read that people could not look out the window. A few of the boys that were detained looked out the window and when the officer noticed he asked who had looked. I was scared and covered my mouth with my hands. The officer thought I was laughing. He screamed at me and told me he was "the one in charge." He told me to kneel and hold my hands up against the wall. I was like that for 15-20 minutes. The officer came back and told me "does it hurt?" When I told him it only hurt a little, he told me, "You are going to stay like that until it hurts." He came back a few minutes later and allowed me to get up but he told me he did not want to hear me laughing again.

Other friends that were detained also told me that that same officer had told another boy from El Salvador that he looked like a clown and that that was all he was good for. He told the boy that he should go back to El Salvador to be a clown. From what I remember the officer was tall and a bulk looking. He was white and was going bald. I can't remember his name it was really strange.

I was scared and felt humiliated.

I declare and affirm under penalty of perjury that the content of this declaration is true and correct to the best of my knowledge. **I authorize any agency or entity receiving this complaint or a copy of this complaint to release any and all information about this complaint or its investigation to the National Immigration Justice Center (NIJC).**

(b)(6)

Signature

5/27/14

Date

I, (b)(6), hereby declare under penalty of perjury that I am competent in both English and Spanish, and have translated to the best of my abilities the foregoing affidavit from Spanish to English.

(b)(6)

Signature

5/27/14

Date